## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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·	1011 01 44	illori			
(check one)	[X] [ ]	is attached I was filed on		on Application Cariet No.	
				as Application Serial No.	
I hereby state as amended	e that i h by any a	ave reviewed a mendment ref	and understand the contenter ferred to above.	ts of the above identified specif	ication, including the claims,
l acknowledg Regulations,	ge the di §1.56.	ıty to disclose	information which is mate	rial to patentability as defined	in Title 37, Code of Federal
or inventor's o	certificate	e lisited below a	s under Title 35, United Star and have also identified bel e application on which prior	tes Code, §119(a)-(d) of any for ow any foreign application for p rity is claimed:	eign application(s) for patent atent or inventor's certificate
Prior Foreign Applica 5n(s)			.*		Priority Claimed
			· .		_ [] []
(Numbe	er)		(Country)	(Day/Month/Year Filed)	Yes No
(Numbe	er)		(Country)	(Day/Month/Year Filed)	_ [ ] [ ] Yes No
Prior Provis	ional A	pplication(s)			
I hereby claim below.	the ben	efit under Title	35, United States Code, §	119(e) of any United States pro	visional application(s) listed
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60/49 (Applica	0,160 ation Numb	er)	July 25, 2003 (Filing Date)	<del></del>	
I hereby claim	ation Numb the ben t matter	efit under Title	(Filing Date)  35, United States Code, §1	120 of any United States applic	ation(s) listed below; insofar
I hereby claim as the subjec manner provid information as	the ben t matter ded by the defined	efit under Title of each of the ie first paragra in Title 37, Co	35, United States Code, §3 claims of this application is ph of Title 35, United State	s not disclosed in the prior Unit es Code, §112, I acknowledge t §1.56(a) which occurred betwe	ed States application in the
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(Supply similar information and signature for second and subsequent joint inventors.)

Full name of second it :ntor Orville Diekmann Inventor's signature

Residence City

Fairmont

Citizenship

U.S.A.

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Fairmont, Minnesota 56031 State Minnesota Date <u>// - 2 - 0 3</u> \_Country\_\_\_\_\_\_U.S.A.